

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD****510 EAST 12<sup>TH</sup>, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****FORM-GB**

Gift or Bequest information received  
by a department or accepted by the  
Governor on behalf of the state

**For office use only**

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****DHS Glenwood Resource Center**

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

712-525-1683

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:****Fairview Working Band, Fairview Church**

Name

123 NW 3rd St

Stuart, IA 50250

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

11/16/2011

\$ 150.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Funds received to benefit Clients

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger  
Signature

11/17/2011

Date

Revised 06/08

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****STATE TRAINING SCHOOL**

Name of Department or Office  
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address  
 641-558-5402

City, State, Zip Code

Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

**KRISTIN HAGEDON**

Name

Mailing Address (if different from above)

khagedon@dhs.state.ia.us

Email Address

City, State, Zip (if different from above)

Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

American Legion Aux. #552, c/o Anna Mae Wolfgram

Name

604 Front St.

Fairbank IA 50629

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/20/11

\$50.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used toward student Christmas fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon  
 Signature

Nov. 22, 2011

Date

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD****510 EAST 12<sup>TH</sup>, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

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711 South Vine Street

Glenwood, IA 51534

Mailing Address  
712-525-1683

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:****ALA Homer Hall, Unit #66**

Name

District 8

Charter Lake, IA 51439

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

**11/21/2011****\$138.05**

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

For Client use: assorted clothing, crayons, scrapbooks, new &amp; used greeting cards, etc

Criteria to use this form:

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**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/21/2011

Date